

## TRICARE announces new policies for National Guard and Reserve families

**R**eserve Component family members are now eligible to enroll in TRICARE Prime and enjoy the access standards and cost shares associated with the Prime benefit if their sponsor is on active duty (federal) orders for more than 30 consecutive days. Previously, sponsors had to be activated for 179 days or more before family members were eligible to enroll in TRICARE Prime. TRICARE eligibility for family members of National Guard and Reserves begins the day the sponsor is activated to military service on federal orders for more than 30 days. Family members are not required to wait 30 days to use their TRICARE health care benefits. However, to take advantage of TRICARE, sponsors and all family members must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). Family members have three health care options: TRICARE Prime, Extra, and Standard, and may receive care at either a Department of Defense (DoD) military treatment facility (MTF) or from any TRICARE-authorized civilian provider.

This new policy simplifies TRICARE Prime eligibility and enrollment requirements to improve support for mobilized Reserve Component members and their families, and represents a further step toward consistency of benefits for Reserve Component and active duty members.

As before, Reserve Component members on military duty are covered for any injury, illness or disease incurred or aggravated in the line of duty. When ordered to active duty for more than 30 consecutive days, Reserve Component members have comprehensive coverage under TRICARE.

### Eligibility for TRICARE Prime

Effective March 10, Reserve Component members called to active duty for more than 30 days and their family members residing in TRICARE Prime catchment areas are eligible to enroll in TRICARE Prime. There are no enrollment fees or co-payments for family members who elect to enroll in Prime.

**See Guard, Reserve, page 2**

## President pays visits to patients at Walter Reed Army Medical Center, National Naval Medical Center



President George W. Bush shakes hands with Army Sgt. 1st Class Thomas Douglas of Fayetteville, N.C., after presenting him with the Purple Heart at Walter Reed Army Medical Center in Washington, D.C., Friday, April 11, 2003. Also pictured is Douglas' wife, Donna Douglas. White House photo by Eric Draper.



President George W. Bush attends the U.S. Citizenship Ceremony for Marine Corps Lance Cpl. O.J. Santamaria of Daly City, Calif., at the National Naval Medical Center in Bethesda, Md., Friday, April 11, 2003. White House photo by Eric Draper.

## Guard, Reserve continued from page 1

Enrollment forms must be completed and Military Treatment Facilities or civilian network providers must be used.

### TRICARE Prime Remote change

Guard and Reserve family members who reside with their sponsors in a TRICARE Prime Remote location at the time of the sponsor's activation can now enroll in the TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program. For family members to be eligible to enroll in the TPRADFM program, sponsors and their family members must reside at a location that is at least 50 miles or more in distance, or approximately a one-hour drive from the nearest MTF. The initial legislation that established the Reserve Component TPRADFM benefit required that the family member reside with the service member. Effective March 10, "reside with" is interpreted as meaning that eligible family members resided with the Service member before the Service member left for their home station, mobilization site, or deployment location, and the family members continue to reside there.

### DEERS information must be up-to-date

Sponsors and family members also must be identified as eligible in DEERS. Family members of the Guard and Reserve sponsors activated for more than 30 days may start using the TPRADFM benefit, which has no co-payments, deductibles or claim forms to file, and which offers providers who meet rigorous standards for providing quality healthcare. Guard and Reserve sponsors must verify that DEERS information for themselves and their family members is accurate and up-to-date. Eligibility for TRICARE is based on the information that is available in DEERS. Sponsors may verify eligibility for themselves and their family members by visiting or contacting the nearest military identification card issuing facility or contacting the Defense Manpower Data Center Support Office toll free at (800)-538-9552. Sponsors or family members with questions or needing assistance are encouraged to contact their TRICARE regional managed care support contractor or TRICARE service center representative. In TRICARE Northeast Region (Region 1), contact Sierra Military Health Services at [www.sierramilitary.com](http://www.sierramilitary.com) or call 1-888-999-5195.

A complete list of the regional toll-free numbers is available on the TRICARE Web site at <http://www.tricare.osd.mil/regionalinfo/>.

### TRICARE Standard and Extra

Guard and Reserve family members who choose not to enroll in either the TRICARE Prime or TPRADFM program may still use the TRICARE Standard and Extra benefits, with applicable cost shares and deductibles. TRICARE Standard offers beneficiaries flexibility and greater provider choice. Guard and Reserve families may use any TRICARE-authorized provider; however, the provider's authorization status must be verified by the TRICARE regional managed care support contractor, Sierra Military Health Services in TRICARE Northeast (Region 1), before TRICARE can pay the bill.

Guard and Reserve family members using TRICARE Standard pay cost shares equal to 20 percent of the TRICARE maximum allowable charge (TMAC) for covered health care services obtained from TRICARE-authorized providers. Those using TRICARE Extra who receive care from TRICARE network providers pay cost shares equal to 15 percent of TMAC.

### Benefits Available During Demobilization

Reserve Component members ordered to active duty for more than 30 days in support of a contingency operation (including federally activated National Guard members) are entitled to transitional health care and dental benefits upon separation. Family members are not eligible for transitional dental benefits, but they are eligible for dental benefits under the TRICARE Dental Program (TDP). Members separated with less than six years of total active federal military service (as indicated on the DD 214) and eligible family members are eligible for 60 days of transitional health care. Members separated with six years or more of total active federal military service and their eligible family members are eligible for 120 days of transitional health benefits. Also important to note is that TRICARE Prime Remote program (TPR) is not available under transitional benefits. Deactivated Reserve Component members and their family members may only enroll to Prime if near a Military Treatment Facility (MTF) or residing in a Prime Service area.

Reserve Component members not covered under transitional health benefits, or those whose transitional health benefit period has expired, are eligible for the Continued Health Care Benefit Program (CHCBP) when they lose military health benefits. They may enroll themselves and their

**See Demobilization, page 3**

## The PULSE of TRICARE Northeast

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THE PULSE of TRICARE Northeast is an official quarterly publication of the DoD TRICARE Northeast Lead Agent Office. Its purpose is to inform the uniformed services medical beneficiaries, the health care community of providers, and the uniformed services about policies and newsworthy items of interest as the concept of managed health care is applied in the Department of Defense TRICARE regional program.

# From the Lead Agent

**Maj. Gen. Kevin C. Kiley, MC, USA**



**Maj. Gen. Kevin C. Kiley**

Since our last issue of The PULSE, TRICARE and the entire military health care system have undergone the strictest test of strength and flexibility . . . and have passed that test with flying colors. Just a few months ago all around the Northeast Region, we shipped out health care teams, then backfilled to pick up the slack while putting our managed care support contractor's network to the ultimate test – caring for our beneficiaries at home while under a time of conflict halfway across the world. All this time, our region has provided medical inprocessing of huge numbers of mobilized Reserve Component service members and provided briefings to their family members about their TRICARE coverage throughout the region.

Just recently, policy was changed to simplify TRICARE Prime eligibility and enrollment requirements to improve support for mobilized Reserved Component members and their families, resulting in a greater degree of consistency of benefits for Reserve Component and Active Duty service members and their families. Changes in TRICARE Prime Remote for Active Duty Family Members (TPRADFM) requirements make it easier for those left behind to obtain the TRICARE benefits to which they are entitled. (See

the cover article for details and contact information on how the changes affect all service members, both during mobilization, demobilization, and transition.)

In addition to the above changes and improvements, TRICARE Northeast and Sierra Military Health Services, Inc., now make it possible for active duty and retirees to enroll and pay TRICARE Prime enrollment fees online at any time day or night.

In this issue, we focus on Malcolm Grow Medical Center, Andrews Air Force Base, Md., as our spotlight military treatment facility. Also in this issue, the US Family Health Plan column describes in detail the USFHP options for TRICARE beneficiaries in the Northeast Region who are active duty and Reserve component family members and retirees. 'TRICARE and Other Health Insurance,' prepared for this issue by Jeanne Rabel of Regional Operations, explains coordination of your TRICARE benefits with other health insurance you may have – a subject that can be difficult to understand.

These past months have been filled with challenges and activity in Regional military treatment facilities and within TRICARE; yet I think under the circumstances we have met the larger, broader issues of TRICARE as a con-

tract with our families, soldiers, Marines, airmen and sailors. We're committed to taking care of them and their families as well as our many retirees who count on us. As we look forward to the day when there are no more incoming wounded from this conflict and a reduction in deployments, we can be proud that the military health system and TRICARE are sound in meeting future challenges should they occur. I thank you for your patience as a beneficiary, knowing that you want our fighting men and women to receive the immediate high quality care they deserve.

**KEVIN C. KILEY**  
Major General, US Army  
Region 1 Lead Agent

## Demobilization continued from page 2

family for up to 18 months of CHCBP coverage. They must enroll within 60 days of the date that their transitional benefit period expires or upon deactivation and pay appropriate premiums. For more information about CHCBP individuals may call toll free 1-800-444-5445, visit online at [www.humana-military.com](http://www.humana-military.com) or write to

Humana Military Healthcare Services Inc., Attn: CHCBP, P.O. Box 740072, Louisville, Ky. 40201.

Reserve Component members may also request Certificates of Credible Coverage (CCC) from DEERS Enrollment. Most healthcare insurance programs impose a waiting period for a pre-existing condition for all new or reinstated members. A Certificate of

Credible Coverage indicates the length of time the RC member and their family was covered under the active duty military health plan and allows waiver of any waiting period related to a pre-existing condition. For more information RC members may go online to [www.hcfa.gov/regs/modcert3.htm](http://www.hcfa.gov/regs/modcert3.htm) or call the DEERS support office at 1-800-538-9552.

**-- from combined reports**

# Partner's Page



By Maria Chakmakis  
Sierra Military Health Services, Inc.

**K**aren Davies, Sierra's Director of Claims and Army Reservist, entered Active Duty and was deployed with the 48th Combat Support Hospital to Afghanistan in late November. Karen has been communicating via email regularly with several Sierra staff members.

A registered nurse, Karen has shared that the 48th Combat Support Hospital is the busiest hospital of its kind since the Vietnam conflict. Averaging five surgical cases per day and usually running two operating rooms, the hospital provides

Karen says: "The work is very challenging. I am proud to be here doing what I can to support Operation Enduring Freedom." While Karen misses her family, friends, and co-workers at Sierra, she believes that serving in Afghanistan is where she needs to be for now. Her expected date of return is June 2003. Karen's responsibilities here at Sierra have been taken over by several capable Sierra employees in her division. In anticipation of her potential deployment, Karen insured that these colleagues were cross trained appropriately to handle the demands of her position should she be called to active duty.

Thanks to Karen and all of the men and women who are serving our country so courageously in the military. We appreciate your patriotism and the support you are giving to soldiers and civilians in need. Stay safe!



**Army Reservist Karen Davies spends some special time with children in Afghanistan.**

care to U.S. and Coalition soldiers as well as local nationals. Karen's earlier emails focused in particular on the care she is providing to children, who suffer from burns and land mine accidents. The hospital has also treated several soldiers injured as a result of land mines.

Most recently, Karen went on a medical mission to a remote location to deliver health care and medications to local Afghans. In four days, Karen and her colleagues saw 1,500 locals in three villages. To get to one village, hiking over mountains was required.

While Karen continues to be in good spirits, she reminds us that working in a combat hospital has its risks. There have been several rocket attacks on Bagram and fighting continues among locals just outside the perimeter of the Bagram Compound.

**Reserve, Guard families: learn more at**  
**[www.sierramilitary.com](http://www.sierramilitary.com)**

Recognizing that learning about TRICARE might be one more complication for activated military members, Sierra, in cooperation with our government and military partners, created a new section on our Web site.

Accessed from a link on Sierra's home page, [www.sierramilitary.com](http://www.sierramilitary.com), this dedicated area provides information designed to help activated Reservists and National Guard and their families understand and take full advantage of the TRICARE benefit. Topics include Frequently Asked Questions, Eligibility, Other Insurance, Resources, and News. The site is being updated on an "as needed" basis to provide the latest new information.





# **Spotlight: Malcolm Grow Medical Center Andrews Air Force Base, Md.**



**Malcolm Grow Medical Center, Andrews Air Force Base, Md.**



**Brig. Gen. Barbara C. Brannon, Commander, Malcolm Grow Medical Center**



## **MISSION:**

**89<sup>th</sup> Medical Group supporting the 89<sup>th</sup> Airlift Wing, the National Capital Area and our global military communities through excellence in:**

- Comprehensive health services emphasizing prevention**
- Readiness**
- Education and training**
- Personal Growth and teamwork**

The 89<sup>th</sup> Medical Group, Malcolm Grow Medical Center was established in 1958. It currently operates 60 in-patient beds and has the unique distinction of being an established leader in outpatient care with approximately 25,000 patient visits per month. In addition to providing a full range of primary care services Malcolm Grow offers 28 different medical and surgical subspecialties, and dental services. Approximately 230 operations and surgical procedures are performed each month.

Malcolm Grow was designated as a Specialized Treatment Service and serves as a regional referral facility for both orthopedic and general surgery. It is the only military facility in the National Capital Area to provide partial hospitalization and intensive outpatient services for substance abuse. Tertiary care includes a nine-bed ICU and a six-bed MICU. The emergency department is a level II facility with a patient volume of about 30,000 visits per year.

In accordance with its wartime mission Malcolm Grow maintains a busy flight medicine service and Aeromedical

Staging Flight, which can expand to 250 beds in time of war. Malcolm Grow serves as a referral facility for patients coming from Europe and the eastern United States. Patients include military personnel and their families representing all the military services from places around the world as well as the National Capital Area. During the past year 7,600 patients were processed. Also assigned to the Aerospace Medicine Squadron is the Physiological Training Flight, which provides initial and refresher classroom and altitude chamber training in the physiology of flight to aircrew members stationed on the east coast.

In addition to providing direct patient care, Malcolm Grow is affiliated with the Uniformed Services University of Health Sciences Medical School (USUHS) and serves as a training facility for medical students. Graduate medical education and technical training programs for health care professionals are available in 19 different areas. Overall, Malcolm Grow trains approximately 1,600 health professionals each year.

**More about Malcolm Grow on pages 6 and 8**

# Population Health & Pediatrics: A Malcolm Grow priority

Contributed by the Malcolm Grow Marketing Office



**Maj. Michelle Bishop of Malcolm Grow holds baby during a well-baby checkup.**

Over the past year Malcolm Grow Medical Center has established a "Population Health" program, which serves as a strong foundation for delivering leading edge medical care. Population Health is a concept that encompasses the implementation of many different proactive initiatives to help prevent disease and encourage our patients to remain healthy. Population Health also includes initiatives that allow healthcare providers to work more efficiently and effectively when they see patients.

The hallmark of a Population Health program is promoting good health for all our patients, including those living with chronic conditions. In our Pediatrics Clinic one focus is to reduce the number of acute hospital and clinic visits for our asthmatic population. To accomplish this we have set in motion a plan to standardize and closely monitor the care provided to these children. We have initiated scheduled visits and will monitor medica-

tions and carefully follow up on emergency room visits and adjust their medications as needed. At the end of approximately six months we will review our patients' records to determine the effectiveness of the program. The Pediatric Clinic also provides an instructional program for parents and their children. Together they learn how to better self-manage their asthma, learn to identify what aggravates an asthmatic episode (triggers) and how they can reverse asthma symptoms with an individualized plan.

Other pediatric population health initiatives include efforts to minimize the risk of flu for high-risk pediatric patients. A mailer was sent to this population prior to the onset of flu season, notifying them of the importance of receiving a preventive flu shot and encouraging them to visit the clinic on reserved dates.

Immunizations are also a priority. Children, especially those up to the age of two, are tracked to ensure that all immunizations are current. Parents receive a letter on their child's birthday, followed by a phone call to arrange and accomplish timely immunizations. This initiative enhances well-being by ensuring that our pediatric population receives their immunization as recommended by the Department of Health and Human Services.

Finally, children with Attention Deficit Hyperactivity Disorder (ADHD) are given special attention through participation in the Exceptional Family Member Program (EFMP). When children are identified as candidates for this program they receive an initial medical assessment and are assigned to a physician Primary Care Manager. The provider then monitors their progress during follow-up visits. In addition, many specialists visit Malcolm Grow on a routine basis to support the EFMP

population: these include a Behavioral and Developmental Specialist, Neurologist, and a Cardiologist. The pediatrics clinic provides further support to families with ADHD children at the time of a PCS move through advance coordination to ensure services and resources are available at their new location.

As we continue to implement population health initiatives, we understand we must do even more to improve the way we provide health care and are committed to continuously improving our programs. We strive to make Malcolm Grow a showplace of caring and commitment. For our patients nothing short of the "best" in health services will do!

## Chiropractic Clinic 'Open for Business' at MPMC

Chiropractic is a branch of the healing arts that is based upon the understanding that good health depends, in part, upon a normally functioning nervous system. Unlike traditional medicine, chiropractic does not treat diseases by the use of drugs and chemicals, but by locating and adjusting a musculoskeletal area of the body that is functioning improperly.

Accidents, falls, stress, tension and countless other factors can result in displacements of the spinal column, causing irritation to spinal nerve roots. These irritations are often what cause malfunctions in the human body. Chiropractic teaches that reducing or eliminating this irritation to spinal nerves can cause your body to operate more efficiently and more comfortably. Chiropractic also places an emphasis on nutritional and exercise programs, wellness and lifestyle modifications for promoting physical and mental health.

**See Chiropractic at MPMC,  
page 8**

# TRICARE and Other Health Insurance

By Jeanne Rabel

TRICARE Northeast Regional Operations

**B**eneficiaries with another health insurance coverage (OHI) in addition to TRICARE should be aware of the rules that cover claims payments in these situations. Coordination of benefits is the name given to the process that manages claims for beneficiaries with two or more health insurance policies.

Under the law, TRICARE covers only unpaid charges after all other health coverages have paid. TRICARE acts as the secondary payer.

The only exception to this rule applies if a beneficiary has a state Medicaid policy, a TRICARE supplement insurance policy, or certain limited coverages under such programs as Indian Health, State Crime Victims Compensation, or Maternal & Child Health Programs. Under these exceptions TRICARE will be the first payer and the other coverage the second payer.

The most common OHI policy for beneficiaries to carry is that supplied by an employer, policies like BlueCross/Blue Shield, Kaiser, etc. In these cases the OHI must process and pay the claim first before it is submitted to TRICARE. TRICARE will not pay more as a secondary payer than it would have paid if it had been the primary payer. TRICARE will pay the lower of:

\* The amount remaining after the primary coverage has paid its benefits (the patient liability); or

\* The amount TRICARE would have paid as a primary payer.

An Explanation of Benefits (EOB) from the OHI is required for all claims submitted to TRICARE. The information contained on the EOB is necessary for TRICARE to determine the amount remaining after the primary coverage has paid its benefits. The only exceptions to this rule apply to electronically submitted claims, drug receipts if the copays are listed on the receipt from the pharmacy, and certain HMO policies which must document the copay on the claim.

Coordination of benefits involves a three step computation:

\* Determine the amount TRICARE would pay in the event that there was no other health insurance;

\* Determine the OHI allowed amount minus any plan payment amount which then equals the patient liability;

\* Pay the lesser of the two calculations.

Beneficiaries should submit claims to TRICARE even when the OHI has paid the bill in full since a credit to the TRICARE deductible or the catastrophic cap is possible.

The following is an example of a coordination of benefits computation for an active duty family member of an E4 on TRICARE Standard:

Step 1: \$100.00 TRICARE allowed amount

\$-50.00 TRICARE deductible

\$50.00

x 80% TRICARE cost share

\$40.00 Payable by TRICARE if no OHI

Step 2: \$100.00 Billed charge

\$ -75.00 Paid by OHI

\$ 25.00 Unpaid balance

Step 3: TRICARE pays the \$25.00 balance since it is the lower of Steps 1 and 2

This three step computation is influenced by numerous other factors to include the beneficiary status as active duty or retired; the network status of the provider; the participation status of the provider; whether the benefit is a TRICARE covered benefit; whether the charges are more than the balance billing amount of 115% of the allowed charges; any rates established under a special hospital rate setting program, an ambulatory surgery group payment rate or a mental health per diem, etc.

If TRICARE beneficiaries refuse to claim benefits under their primary plan, TRICARE will deny payment on the claim.

If the OHI denies payment because the procedure is noncovered, the claim should be submitted to TRICARE. TRICARE will then act as primary payer provided that the benefit is a covered benefit under TRICARE. A common example of this is pharmacy claims where the OHI does not cover prescription drugs but TRICARE does.

Beneficiaries with OHI must meet all rules and guidelines under both insurance plans. Health care providers must be authorized under both plans, applicable authorizations and non-availability statements must be obtained, and claims must be filed in a timely manner (one year for TRICARE).

**See Other Health Insurance, page 8**

## Chiropractic at Malcolm Grow continued from page 6

A new Chiropractic Clinic is "Open for Business" at Malcolm Grow Medical Center. This clinic is located on the third floor next to the Gastroenterology and Acupuncture Clinics and is accepting *Active Duty Military* personnel for treatment (with a referral from your PCM).

Staff members include two Chiropractic Assistants, Ms. Megan Beck and Ms. Sandy VanDer Heyden and two Chiropractors, Drs. Jerry VanDer Heyden and Galen Kishinami. Please stop by to meet our staff and to say "hello". Clinic hours are from 7:30 a.m. -1200 noon, and 1:00 - 4:30 p.m., Monday through Friday.



Dr. Jerry VanDerHeyden adjusts a patient during a routine visit.

## MGMC continued from page 6

### New Primary Care Clinic at Malcolm Grow

At Malcolm Grow our commitment to providing leading edge health and medical care is reflected in our latest effort to upgrade and modernize the facility with construction of a two-story, 33,000 square foot, state of the art Primary Care Clinic. This building will house all the Primary Care Manager clinics (excluding Family Practice) in one location and will connect with the TRICARE Service Center for easy access to the main facility.

A fence is currently erected just outside the TRICARE Service Center to surround the construction site. Patients may temporarily access the TRICARE office through the entrance located just down the hall, where the Satellite Pharmacy trailer was previously located. The TRICARE office may also be accessed from the first floor by the Pharmacy elevator or by the stairs at the north end of the main building.

While construction is expected to last approximately 18 months, the clinic will ultimately provide an extra measure of safety and dramatically improve convenience for our patients. We appreciate your patience with parking as we work to make Malcolm Grow the most efficient and user-friendly facility

for you. If you have questions, call Lt. Ingrodi at 240-857-8925.

## Operation Solace

The Department of Defense (DoD) believes that caring for service members and their families after a deployment from a hazardous workplace should be a national priority. Operation Solace is a Tri-Service program established by The Surgeon General, U.S. Army, in response to the Sept. 11 terrorist attack on the Pentagon. This program is operated in part by the DoD Deployment Health Clinical Center (DHCC) at Walter Reed Army Medical Center in partnership with Malcolm Grow Medical Center and other primary care facilities in the National Capital Region.

Operation Solace aims to provide comprehensive support to individuals with health concerns related to deployments and bio-terrorism. Primary Care Managers and Health Care Screeners in all clinics are now asking the question, "Is your visit today related to health concerns about deployment, bio-weapons or terrorism?" Treatment services will include, but are not limited to: medical advocacy, crisis intervention, stress management, referral to community support services, and short term individual, group and family counseling. It is believed that early identification and provision of services may help resolve many health related issues.

## Other Health Insurance

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It is very difficult to coordinate TRICARE Prime with OHI, so beneficiaries are cautioned to be very careful if they fall into this situation. TRICARE Standard works much better in coordination with OHI.

TRICARE for Life (TFL) is a special situation of OHI. Beneficiaries eligible for TFL must purchase Medicare Part B. Providers will first bill

Medicare for their services; after Medicare has paid on the claim, the claim will electronically cross over to TRICARE. A beneficiary only has to file a paper claim if they have a Medicare supplement because the claim must go first to Medicare, second to the Medicare supplement, and third to TRICARE. TFL beneficiaries may also have to file paper claims for pharmacy benefits if they do not use a TRICARE network pharmacy.

Double coverage with OHI and TRICARE can be very complex and confusing to the beneficiary. Beneficiaries who would like to read further about coordination of benefits may view the TRICARE Policy Manual at the TRICARE Web site [www.tricare.osd.mil](http://www.tricare.osd.mil). When in doubt about coverage and claims questions, beneficiaries are encouraged to contact a Beneficiary Counseling & Assistance Coordinator (a list is available at the TRICARE Web site) or Sierra Military Health Services (1-888-999-5195).





By Chelle Austin  
Martin's Point Health Care

Recently, Dr. Winkenwerder sent a memorandum to the Assistant Secretaries of the Army, Navy and Air Force that announced a revision of TRICARE policy related to benefits for activated Reserve component personnel and their families. This revision modified eligibility requirements for enrollment in TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members and significantly enhanced the health benefit options available to families of activated Reserve and National Guard personnel. However, some beneficiaries may not know that these family members are also eligible for enrollment into one of the four US Family Health Plans located within Region One.

The US Family Health Plan offers families of active duty personnel, including those whose sponsors are being activated, the full range of benefits offered as a member of a TRICARE Prime program. Because the US Family Health Plans are assigned service areas that extend much further than the normal (40-mile) catchment area allowed military treatment facilities with TRICARE Prime programs, they are required to develop more extensive TRICARE Prime networks than the managed care support contractors must develop in support of military treatment facilities. As such, many newly eligible family members of activated Reserve component personnel are finding that their current family doctor participates in a US Family Health Plan network even though they do not participate with TRICARE. When this occurs, it results in a nearly seamless transition from us-

ing their pre-activation commercial health insurance to their military health care entitlement since the family does not need to change their primary care

physician. Of course, this scenario is not true for all newly eligible families but it is worth the time to learn a little about the US Family Health Plan before selecting the means for accessing their health care entitlement that is best for them.

Getting the word out about the opportunity for enrollment into the US Family Health Plan has been a challenge for the organizations that administer these plans, but the word is getting out. Here is what the four organizations have been doing since January to support the activated reserve component personnel and their families.

Martin's Point Health Care which is headquartered in Portland, Maine, and has a service area that includes the entire state of Maine and the southern one half of New Hampshire, has participated in 12 activation briefings. Briefings have been held in Portsmouth, Concord and Londonderry, N.H., and Portland, Augusta and Bangor, Maine. They have spoken with more than 500 activated Reservists, National Guardsmen or family members since mid-January. The US Family Health Plan that is administered by Martin's Point has network primary care physicians in each of the towns in which briefings were held. Field representatives of the Plan work with representatives from the TRICARE Service Centers in Portsmouth, N.H. and Brunswick, Maine, to ensure that these families and their sponsors are knowledgeable on all health benefit programs available to them so that they can make an educated choice. Martin's Point Health Care has enrolled approximately 60 family members since the briefings began. Martin's Point has also signed a Memorandum of Understanding with the Commanding Officer of the Naval Am-

bulatory Care Center, Portsmouth, N.H., to provide office space in the Martin's Point Health Care Clinic in Portsmouth for a military provider and his/her staff to care for patients from the Naval Ambulatory Care Center when the Naval Shipyard limits base access to critical base personnel. Educational representatives from Martin's Point Health Care can be reached by calling 1-888-241-4556.

Brighton Marine Health Center which is headquartered in Boston, Mass., and has a service area that includes eastern and central Massachusetts including Cape Cod, Rhode Island and parts of New Hampshire has also participated in 12 activation briefings. They have been held in Middleboro, Camp Edwards, Otis ANG, Southbridge, Hanscom AFB, Fall River, Hingham, Chicopee, Ayer and Rehoboth, Mass. Briefings involved as few as a dozen beneficiaries and as many as 500 with an average attendance of 150. Over the past three months, families of activated reserve component personnel have made up 10% of all new enrollments into the Brighton Marine US Family Health Plan. For more information about the US Family Health Plan and Brighton Marine Health Center, call 1-800-818-8589.

Johns Hopkins Community Physicians administered in Baltimore, Md., serves the central Maryland area and parts of Virginia, West Virginia and Pennsylvania through a network of 18 primary care health centers offering Internal Medicine, Family Practice, Pediatrics and Ob/Gyn. Reservists and National Guard family members have expressed a lot of interest in the Hopkins Plan as a new health care option and enrollment for the Hopkins Plan is on the rise. Johns Hopkins enrollment representatives participate in weekly and monthly active duty newcomers briefings at four of the larger military bases in our area which include Fort Meade, Aberdeen Proving

## MEDDAC Fort Drum welcomes 7207<sup>th</sup> Installation Medical Support Unit

By Kate Agresti

MEDDAC Fort Drum Public Affairs

Forty-two personnel assigned to the Army's 7207<sup>th</sup> Installation Medical Support Unit (IMSU) out of Webster, N.Y., and the National AMEDD Augmentation Detachment, arrived at Fort Drum January 17 to support the ongoing Soldier Readiness Process (SRP) that medically prepares soldiers to deploy to combatant theaters.

The 7207<sup>th</sup>—which includes attached officers from the 7225<sup>th</sup> and 7201<sup>st</sup> IMSUs—brings with it providers and specialists in the following areas: Family practice, orthopedics, audiology, optometry, dental, medical plans, preventive medicine, patient records, laboratory, radiology and logistics.

According to USA MEDDAC Plans, Training, Mobilization and Security Chief, Capt. Brady M. Licari, "The doctors and dentists are here for 90 days. The rest, including the physician assistant who will work very closely with the MEDDAC orthopedics staff at local hospitals, are



here for up to one year."

The unit's primary focus is on the mobilization of other Reserve and National Guard units in support of current operations, and has been previously recognized by both MEDCOM and FORSCOM for their outstanding mission accomplishment while performing similar duties at Fort Dix, N.J., during the early stages of the War on Terror in Afghanistan. This is the unit's second year-long,

active duty tour since September 2001."

Licari also indicates that when the unit is not in direct support of the MEDDAC Mobilization Mission (a METL task for Guthrie Clinic), they will return to assigned sections with a majority going to the Conner Troop Medical and Urgent Care Clinics to increase the amount of care available to soldiers and their families.

MEDDAC offers an official warm welcome to the men and women of the 7207<sup>th</sup> and its attachments who are augmenting medical operations within and in support of the 10<sup>th</sup> Mountain Division (Light Infantry) and other Army Reserve and National Guard units.

"We are proud to have you and your combined medical professional expertise as part of the MEDDAC team," said Col. Elizabeth A. Milford, deputy commander for patient services. "Thank you for 'caring enough to make a difference.'"

### USFHP

continued from page 9

Ground, Fort Detrick, and the Naval Clinic in Annapolis. They visit regularly with some of the Coast Guard, National Guard and Reservist locations within their service area to provide updates and educational materials about the Plan. The Plan at Johns Hopkins has more than 100 primary care providers and approximately 2,000 network specialists ready to provide relief to local Military Treatment Facilities in the event of significant staff deployment. Johns Hopkins has enrolled 70 National Guard and Reservists since September, 2002. Eligible reservist family members can call the Johns Hopkins Plan toll free number at 1-888-400-4200 for further assistance.

St. Vincent Catholic Medical Center is headquartered in Manhattan, N.Y., with practices also located on Long Island and Staten Island. Their service area includes the 5 boroughs of New York City, Long Island, the lower Hudson River Valley area of New York and all of New Jersey. There have been hundreds of Reserve component personnel activated within this service area, and US Family Health Plan staff members have participated in most of the activation briefings that have been held and many one-on-one briefings with families who were unable to participate in a formal briefing. Reserve unit commanders can call 1-800-241-4848 to arrange participation in activation briefings.

The four health care organizations that administer the US Family Health Plan within Region One are very proud of their 21 year history of caring for the families of uniformed service personnel. They understand the serviceperson's need to feel secure in the fact that someone is caring for their families while they are deployed. For individual Plan information readers may visit the US Family Health Plan national website at [www.usfamilyhealthplan.org](http://www.usfamilyhealthplan.org) or they may call one of the toll-free numbers provided in this article.

# Walter Reed earns unequalled six accreditations

By Michael E. Dukes  
Stripe Staff Writer

**W**alter Reed Army Medical Center set a national precedent earning six of the Joint Commission on Accreditation of Healthcare Organizations' newest certifications and presented them to program officials in the hospital's Joel Auditorium May 2.

"Through the recognition achieved by these awards, Walter Reed has exhibited its leadership for both the military and the civilian treatment centers. Congratulations," JCAHO President, Dr. Dennis O'Leary said while presenting the certificates.

O'Leary said he was "delighted" to recognize WRAMC's accomplishments. "It's always a bold move to request an outside, independent review of one's programs, but Walter Reed not only stepped up to the plate, but it did so six times, requesting an evaluation of four disease specific and two medical condition programs. That boldness has paid off and Walter Reed has truly distinguished itself by receiving all six certificates. This is a first in our program, breaking the previous record of four."

More than 105 million Americans suffer from at least one chronic condition and the total cost to society is over \$500 billion annually, O'Leary said. "So these programs have a real impact."

Walter Reed's HEALTHeFORCES programs evaluated in March that received the certification are: Chronic Obstructive Pulmonary Disorder, Congestive Heart Failure, Pediatric Asthma, Diabetes, Cardiovascular Risk Reduction and Women's Health.

Walter Reed is also the only organization to have two preventive health programs certified — Women's Health and Cardiovascular Risk Reduction.

The commission examines several key areas during their evaluations, O'Leary said. "We ask organizations to use a standardized method of delivering integrated and coordinated clinical care based on clinical guidelines or evidence-based practices. We look at how well programs analyze and use data to continually improve treatment plans. We look at how

well organizations support self-management by patients."

He said they also look at things such as how well the programs tailor treatments and interventions to patients' needs, how competent the practitioners are and how programs analyze data to improve treatment.

"These are high standards. Our evaluation of your programs went exceedingly well," O'Leary told Walter Reed

staff. "Overall, your six programs exhibited strength in the way they effectively utilized clinical practice guidelines and focus on providing safe, effective, patient-centered care."

Walter Reed Health Care System Commander Col. Jonathan H. Jaffin said the accomplishment reflects the hard work of "a great team of people here at Walter Reed. This was not just one person's hard work or one group's hard work, but throughout an organization's dedicated effort, and dedicated for one goal — improving patient care, bringing evidence-based medicine and state of the art medical care to our patients."

"Great organizations are great at everything they do, and I cannot think of a better example of that than the performance of the Walter Reed Health Care System in achieving this distinction," said Maj. Gen. Kevin C. Kiley, commander of the North Atlantic Regional Medical Command and WRAMC.

Maj. Gen. Kiley gave credit to Col. Jill Philips and Col. Jay Carlson "for their day to day work" in achieving the certification. While he was honored to

accept the certificates from the JACHO, Maj. Gen. Kiley said he also credits his predecessor Maj. Gen. Harold L. Timboe and former WRHCS commander and deputy, then Col., Mike Dunn, and Col. Ken Block for their "vision to chart this course years ago." They "deserve a lot if not most of the credit for the vision piece, and then [Col. Phillips] and [Col. Carlson] and others on the staff working day in and day out have achieved this really superb achievement, particularly the clinical champions that have worked their areas.



**A Women's Health services patient uses point-of-view technology to complete a health needs assessment survey prior to meeting with her doctor.**



**Lt. Col. Jay Carlson, medical director of HEALTHeFORCES, reviews a Women's Health HEALTHeCard with a patient. HEALTHeCards are used to plan individual patient care based on nationally accepted clinical practice guidelines.**

**See Walter Reed accreditations, page 14**

# TRICARE Mail Order Pharmacy: Same benefit, different name and manager

## From TRICARE Management Activity

Starting March 1, 2003, the TRICARE Mail Order Pharmacy (TMOP) program replaced the National Mail Order Pharmacy (NMOP) program as the prescription mail order pharmacy benefit for Department of Defense (DoD) Military Health System beneficiaries. The TRICARE pharmacy benefit and co-payments remain the same — only the program name and benefit manager have changed.

Express Scripts Inc., a leading benefit prescription manager in the United States, is the new TMOP benefit manager. To be eligible for the new pharmacy benefit, the sponsor and family member must both be enrolled and eligible in the Defense Enrollment Eligibility Reporting System (DEERS). Members of the National Guard and Reserve and their family members are also eligible for TMOP if the sponsor is on federal (Title 10 or Title 32) active duty orders for more than 30 days and their DEERS information is up-to-date. TRICARE eligibility for sponsors and family members is effective on the date of activation on the sponsors' orders.

"Under TRICARE, beneficiaries have three options for filling their prescriptions. They can use a military treatment facility, a TRICARE retail network pharmacy, or TMOP," said Army Col. William Davies, director, DoD Pharmacy programs.

Prescription medications filled under TMOP cost \$3 for a 90-day supply for generic medications, and \$9 for a 90-day supply for most brand-name medications. Prescriptions filled using a retail network pharmacy cost \$3 for a 30-day generic supply and \$9 for a 30-day supply for most brand-name medications.

"We want beneficiaries who have long-term medication needs to consider using the mail order program. It provides up to a 90-day supply of most medications for a single co-payment, whereas they only receive a 30-day supply for a single co-payment in the retail network pharmacy system," Davies said.

Before a prescription can be filled, each beneficiary must complete a one-time Express Scripts Registration Form and return it to Express Scripts for processing. The registration form is available online at [www.express-scripts.com](http://www.express-scripts.com), or may be picked up at any military treatment facility or regional TRICARE Service Center.

The TMOP registration form, new prescription and payment (by credit card, check or money order) should be returned to the address provided on the registration form. The beneficiary's name; the sponsor's Social Security number, address, and telephone number; and the provider's name, address and telephone should be clearly written on each prescription submitted. Express Scripts can mail prescriptions to any U. S. postal address or APO/FPO address (except a private foreign address) overseas. Sponsors and family members assigned to an embassy without an APO/FPO address must use their official Washington, D.C., embassy address to receive prescription medications. Prescriptions for beneficiaries residing overseas must be prescribed by providers who are licensed to practice in the U. S.

Deliveries for locations within the U. S. require approximately 5 to 7 days to process. Additional time may be required for prescription medications delivered overseas.

Beneficiaries covered by a pharmacy benefit under other health insurance (OHI) may only use TMOP if their OHI does not cover the medication they need, or if the pharmacy benefit under the OHI plan has been exhausted. If the medication required is covered under TMOP, Express Scripts will fill the prescription as long as the beneficiary has no other pharmacy benefit available or until the beneficiary's pharmacy benefit is renewed under the OHI.

Beneficiaries may check the status of their new or refill prescription orders anytime at [www.express-scripts.com](http://www.express-scripts.com) or by calling toll free, (866) DoD-TMOP (866) 363-8667).

## TRICARE Northeast now offers online enrollment and fee payment

TRICARE Northeast (Region 1) and Sierra Military Health Services, Inc. make it simple for you to enroll and pay your TRICARE Prime enrollment fees any time, day or night. Just a couple of mouse clicks put you on the path to online enrollment.

To enroll online, visit [www.sierramilitary.com](http://www.sierramilitary.com) and click on the Enrollment link, then select Online Enrollment. It will prompt you through the entire enrollment process, including fee payment for retirees. Enrollment fees must be paid using a valid credit card when using the internet.

Active Duty and Retired sponsors can enroll themselves and their family members any time. After completing the enrollment online, print out and sign the signature page and either fax or mail

to Sierra. Signature pages must be received before the 20<sup>th</sup> of the month in order for enrollment to be effective the first day of the following month.

Activated Reservists, National Guard members and their families are not eligible to enroll online as they are required to submit copies of their orders with their enrollment form.

Once enrolled, retirees can make quarterly or annual fee payments online. Visit [www.sierramilitary.com](http://www.sierramilitary.com), click on Enrollment, then link to Pay Enrollment Fees. Have your credit card ready to use this secure payment system.

Visit [www.sierramilitary.com](http://www.sierramilitary.com) for more TRICARE information and to enroll in TRICARE Prime.



# National Capital Area medical centers treat battle casualties from Operation Iraqi Freedom

## Walter Reed Army Medical Center

As of May 14, **Walter Reed Army Medical Center, Washington, DC**, has treated a total of 214 patients from Operation Iraqi Freedom since the war began, 112 of whom have been battle casualties. Of the 112 battle casualties, 79 have been treated as inpatients and 33 as outpatients. The total of battle casualty patients discharged is 59, leaving 20 currently at the medical center as inpatients.

Two of the earlier patients remain in critical condition. Walter Reed physicians describe the conditions of the other inpatients as ranging from fair to good. Most have a variety of broken bones, other orthopedic injuries, gunshot wounds and minor injuries.

Three inpatients received earlier treatment at the National Naval Medical Center in Bethesda, Md. All other OIF patients, past and present, received care previously at Landstuhl Regional Medical Center in Germany.

Former prisoner of war Pfc. Jessica Lynch remains in satisfactory condition, undergoing occupational and physical therapy under the supervision of her medical team. She and her family remain grateful for the public's support.

## National Naval Medical Center, Bethesda, Md.

**The National Naval Medical Center, Bethesda, Md.**, has treated 151 patients injured in Operation Iraqi Freedom and Enduring Freedom since March 28.

Operation Iraqi Freedom patients include 99 battle and 49 non-battle injuries. Those treated include 136 Marines, 14 sailors, and 1 soldier. In addition, NNMCM has treated 1 battle and 2 non-battle injuries from Operation Enduring Freedom.

Patients have been treated for a variety of injuries, including blast, shrapnel, gunshot wounds, falls, crushing and cuts. During the first two weeks of April patient load peaked at about 40 patients. The average length of stay has been about one week, with 136 being treated and released to date.

Prior to arrival at the NNMCM, patients were treated at field hospitals and/or medical facilities on the hospital ship USNS Comfort, at Fleet Hospital in Rota, Spain, or at Landstuhl Regional Medical

Center in Germany. After treatment, patients generally go home on convalescent leave with follow-up treatment provided at the nearest medical center. They then return to their home base.

"It's been an honor to treat our newest, returning American heroes," said Capt. Michael Krentz, Deputy Commander, NNMCM. "We have deployed more than 900 active duty personnel to the USNS Comfort. They have been supplemented here by nearly 600 Navy Reservists called to active duty. Each has provided exemplary service both overseas and here," he said.

## USNS Comfort starts home

In the northern Arabian Gulf, the last of **USNS Comfort's** patients were transferred to medical facilities ashore recently as the ship prepares to go home. After four months away and 56 days on station in the Arabian Gulf participating in Operation Iraqi Freedom (OIF), USNS Comfort (T-AH 20) is ordered to return to its homeport in Baltimore. Comfort's activation for Operation Enduring Freedom and subsequent role in OIF marks the longest deployment of either of the Navy's two hospital ships since both were deployed to the region for Operations Desert Shield and Desert Storm twelve years ago.

Having treated nearly 330 inpatients, most of which were combat related injuries, this has been the most operationally significant role for a Navy hospital ship since the Vietnam War, when USS Repose treated more than 9,000 battle casualties and USS Sanctuary spent a record 121 days on the line.

As Comfort prepares to depart the Gulf, about 230 crewmembers will fly back to the US, leaving about 340 medical and support staff on board for the return voyage. While the exact schedule is not known at the time of this release, the ship should return to homeport in late May or early June.

Comfort deployed Jan. 6 as an effort to reposition forces for possible military actions in support of Operation Enduring Freedom.

Comfort is one of two U.S. Navy hospital ships operated by the Military Sealift Command for the Navy. It is normally berthed in Baltimore. When operating at the 1,000-bed level, it is crewed by about 60 civilian mariners that operate the ship and more than 1,200 active duty Navy medical and support staff that run the hospital.



**President George W. Bush and Laura Bush attend the U.S. Citizenship Ceremony for Marine Corps Master Gunnery Sgt. Guadalupe Denogean of Tucson, Ariz., at the National Naval Medical Center in Bethesda, Md., Friday, April 11, 2003. Pictured at far right, Eduardo Aguirre, Jr., Acting Director of the Bureau of Citizenship and Immigration Services, conducted the ceremony. White House photo by Eric Draper.**

## Fort Drum identified as pregnancy and post-partum PT program replication site for second consecutive year

By Kate Agresti, MEDDAC Fort Drum Public Affairs

The U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) has identified the Fort Drum Pregnancy and Post-Partum Physical Training Program (PGPT) as a replication site for the second consecutive year. This program serves as a model for a proposed Army-wide approach to maintaining the physical fitness level of pregnant soldiers and facilitating a rapid return to physical readiness levels after delivery. Selection as a replication site ensures on-going monetary support from CHPPM. This program is supervised by Capt. Sarah L. Harrison and Jane Dingman of the Physical Therapy Clinic.

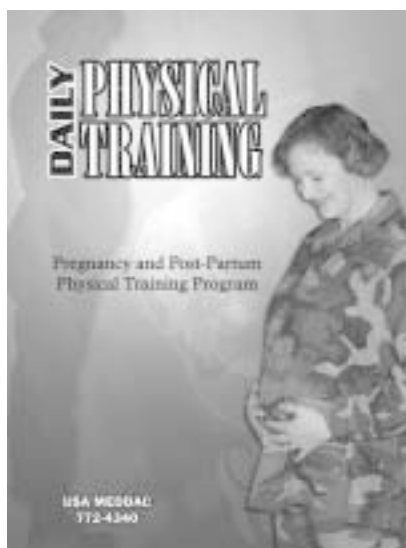
The purpose of PGPT is to provide the soldier and the unit with a standardized and safe program for pregnant and post-partum soldiers.

"Two standards are used in the Fort Drum program—soldier tolerance and heart rate during exercise," states Harrison. "With the purchase of heart rate monitors, all soldiers are able to monitor their own heart rates, keeping them in a safe range (as established by the American College of Obstetrics and Gynecology). By educating and certifying seven 10<sup>th</sup> Mountain Division noncommissioned officers in the program guidelines, safe aerobic exercise and strength training workouts are provided daily. Division support, which is unique to Fort Drum's program, is a key factor in the suc-

cess of the program and its ability to maintain continuity during times of frequent deployments. Community Health Nursing and Army Community Service staff members provide biweekly classes on related topics like breastfeeding, finances and parenting."

Although 9 percent of females in the military are pregnant at any given time, Fort Drum is one of only a few posts to have an organized PGPT program. Current scientific literature shows that pregnant women who exercise regularly have fewer physical complaints and medical interventions, reduced operative deliveries, shorter active labor, decreased likelihood of premature delivery and overall reduction in length of hospital stays. Post-partum exercise has been proven to help women retain less pregnancy weight, preventing unwanted body fat gain.

Over the past eight months, Harrison and Dingman have screened 170 new pregnant soldiers. Preliminary data gathered from these soldiers has shown that these women gain less weight and lose pregnancy weight faster than the national average. The average soldier in the PGPT program passes a diagnostic APFT within the 135 days allowed by Army Regulation (AR) 40-501. The success of the Fort Drum program has established it as a model and resource for programs currently being developed at Fort Sam Houston and Fort Hood, Texas.



### Walter Reed accreditations continued from page 11

"It is a great achievement for the medical center, for the Walter Reed Health Care System, frankly for Army medicine, military medicine and particularly for the individuals who have been champions of this work, who have worked for years at this effort," Maj. Gen. Kiley said.

Unlike the percentile-based accreditation given by JCAHO, the new Disease-Specific Care Certification of Distinction is only given to organizations with programs that meet all of the commission's stringent requirements. There is no score, the certification is either awarded or denied.

"Joint Commission Disease-Specific Care Certification assures [beneficiaries] that Walter Reed's HEALTHeFORCES disease management and preventive health services programs are committed to quality and safety excellence," said Maureen Potter, executive director of JCAHO Disease-Specific Care Certification.

HEALTHeFORCES is the new term for Walter Reed's Outcomes Management Initiative, which places emphasis on reconnecting patients with providers. Using emerging technologies and evidence-based medicine, Walter Reed officials hope to optimize health care delivery and foster healthier beneficiaries.

The initiative currently provides care for 50,000 of the 150,000 beneficiaries at three military treatment facilities in the National Capitol Area — in the District at WRAMC, Kimbrough Ambulatory Care Center, Fort Meade, Md., and DeWitt Army Community Hospital at Fort Belvoir, Va.

HEALTHeFORCES is transforming the way military health care is delivered through improved patient-provider relationships, quality of care measurements and improved teamwork and communication between practitioners and specialists.

JCAHO evaluates and accredits more than 17,000 health-care organizations and programs around the world at least every three years. The commission has been setting the standard for health care for more than 50 years.

# Occupational therapy makes it possible

By OS2 Wendy Kahn  
NNMC Public Affairs

In today's society, people of all ages meet with physical or psychological difficulties when carrying out daily life activities. These difficulties can interfere with routine tasks, i.e., getting up and dressed, food shopping or even tying a shoelace.

Recognizing the health care practitioners who help restore lost skills of daily living, the month of April has been dedicated to the Occupational Therapy profession to help people with physical, mental and psychosocial disabilities achieve their highest level of independent function.

At the National Naval Medical Center (NNMC), the Occupational Therapy (OT) clinic focuses on functional daily living skills, or return-of-function. The goal is for patients to do their basic skills of activities regardless of a stroke, injury or disease.

"In an inpatient setting, OT focuses on basic living skills such as bathing, dressing and eating," says service chief, Lt. Cmdr. Linda Coniglio, MSC.

"For example, stroke patients with a paralyzed side are taught to dress themselves using adaptive devices. Some of the devices include a reacher for grabbing high or low items, a sock aide, elongated shoehorns, or bath scrubber. They are also given instructions on one-handed dressing techniques."

Patients who have no hand movement are aided with a device known as a universal handcuff, a strap with a pocket for eating utensils. According to Coniglio, the cuff allows the individual to scoop food when there is good shoulder, elbow

and wrist movement. With this device, a patient can still be independent in eating.



In the Occupational Therapy outpatient clinic, Marine Sgt. Byron Bell builds up his grip strength by performing specialized exercises with putty. OT service chief, Lt. Cmdr. Linda Coniglio, MSC, helps him through his therapy routine.

Although most of the functional daily living skills are for inpatients, the OT outpatient clinic specializes in hand rehabilitation and orthopedic surgery cases.

Therapists assess patients for aiding devices and provide custom-made garments for an ailment or condition, i.e., a special shoulder harness for musicians with tendonitis.

As a hand-therapy clinic, Coniglio says the staff therapists receive extra training in modalities such as electrical stimulation, or ultrasound, for pain management and placement activities for dexterity. Other tools used to determine a patient's level of function are a

goniometer for measuring range of motion, a dynamometer and pinch meter for recording hand and finger grip and pinch strength.

Sgt. Byron Bell, USMC, stationed at Weapons Training Battalion, Quantico, Va., came to NNMC because of decreased range of motion and loss of grip strength.

"I injured my thumb about two months ago in a sports-related event," he says. "My understanding of the clinic is that the prescribed equipment and exercises will increase the range-of-motion movement in my thumb. Now, my hand is about at 70 percent; I'm working to be at 100 percent."

Coniglio emphasizes that for inpatients, an evaluation for placement is done to see if they qualify for therapy at a rehabilitation facility. If patients cannot be treated at NNMC, the OT staff would recommend other health care facilities.

## TRICARE Northeast moves forward with ICDB site deployment

The Integrated Clinical Data Base (ICDB) is a catalyst for promoting Primary Care Optimization (PCO) team efficiency and satisfaction, while proactively delivering actionable information for improved health care delivery. The ICDB takes the information from from early identification of preventive services needed for enhanced, long-term health to critical information for the management of chronic diseases.

ICDB is currently "in production" – which means providers are actually using the product to assist in healthcare

decision at Walter Reed Army Medical Center, Fort Drum, West Point, and Groton. Hanscom, Dover and McGuire Air Force bases have entered Phase II of the deployment process and are expected to be "in production" and fully trained by the summer of 2003.

The ICDB Program Office is in the process of developing a deployment schedule for the release of V1.2.1. This version will have new features and graphic enhancements. The interface makes the system look like a Microsoft Windows product — all the user has to do is "point and click".



## TRICARE Northeast Office of Lead Agent staff receive Joint Meritorious Unit Award for Sept. 11 response



In a ceremony at Walter Reed Army Medical Center April 2, 24 military and 21 civilian staff members of TRICARE Northeast Lead Agent Office received the Joint Meritorious Unit Award from the Secretary of Defense for their exceptional initiative and sustained efforts in response to the Sept. 11 attack on the Pentagon. Maj. Gen. Kevin C. Kiley, TRICARE Northeast Lead Agent and commander of the North Atlantic Regional Medical Command and Walter Reed Army Medical Center, presented the awards.

[\*\*\*http://tricarene.army.mil\*\*\*](http://tricarene.army.mil)



## Check out new, improved Web site of TRICARE Northeast

TRICARE Northeast Lead Agent Office presents an informative and exciting new Web site for our beneficiaries and interested viewers. Check it out soon at <http://www.tricarene.army.mil>. Lt. Cmdr. Lynda Race of the Lead Agent Office designed, produced, and upgraded our material. The new site has already won four Gold Awards for "nice graphics, layout, design, and excellent appearance."